

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 757546

1. Entity Name
FLORIDA HOSPITAL ENGINEERS ASSOCIATION, INC.



Principal Place of Business
**553 LAKE AVENUE
ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address
**553 LAKE AVENUE
PO BOX 150755
ALTAMONTE SPRINGS, FL 32715-0755 US**



03272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3289879

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VITRAY, ALETHEA
553 LAKE AVENUE
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000876208
04/11/08-80063-013 61.25**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | D |
| NAME | MARSH, S.P. |
| STREET ADDRESS | 5301 SOUTH CONGRESS AVE. |
| CITY-ST-ZIP | ATLANTIS, FL |
| TITLE | D |
| NAME | GAVAZZA, DINO |
| STREET ADDRESS | 3360 BURNS ROAD |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | ED |
| NAME | VITRAY, ALETHEA |
| STREET ADDRESS | 553 LAKE AVENUE |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32701 |
| TITLE | D |
| NAME | ZURICH, RICHARD |
| STREET ADDRESS | 2100 SE SALERNO ROAD |
| CITY-ST-ZIP | STUART, FL 34997 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.27.08

Date

407.332.7767

Daytime Phone #